



PROVIDER REPORT FOR

**Victory Human Services
461 Washington Street
Dorchester, MA 02124**

November 20, 2014

Version

Provider Web Report

**Prepared by the Department of Developmental Services
OFFICE OF QUALITY ENHANCEMENT**

SUMMARY OF OVERALL FINDINGS

Provider	Victory Human Services
Review Dates	10/23/2014 - 10/29/2014
Service Enhancement Meeting Date	11/7/2014
Survey Team	Mark Boghoian Raymond Edi-Osagie Cheryl Hampton (TL)

Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	5 location(s) 8 audit (s)	Full Review	65 / 74 2 Year License 11/07/2014 - 11/07/2016		
Residential Services	1 location(s) 3 audit (s)			Full Review	14 / 14 Certified
Placement Services	2 location(s) 2 audit (s)			Full Review	14 / 14 Certified
Individual Home Supports	2 location(s) 3 audit (s)			Full Review	14 / 15 Certified

Survey scope and findings for Planning and Quality Management

Service Group Type	Sample Size	Scope	Licensure Level	Certification Scope	Certification Level
Planning and Quality Management	N/A	N/A	N/A	Full Review	5/6 Certified

EXECUTIVE SUMMARY:

Victory Human Services Inc. (VHS) was founded in 2000 in order to provide residential supports to 32 individuals with developmental disabilities in the Greater Boston area that are funded by the Department of Developmental Services. Within its intellectual/developmental disabilities component, the agency provides an array of services including 24 hour residential, placement services and individual home supports in the greater Boston communities of Dorchester, Mattapan, Milton and Chelsea. For the purpose of this review, eight audits were conducted at five residential locations. The agency's effectiveness in providing services to individuals within this component was the focus of this DDS Licensure and Certification survey.

Since the previous survey in October 2013, that was a mid-cycle review, the agency has had some organizational growth and change while addressing program issues and revisiting agency practices and policies. In alignment with the goals of the agency's strategic plan to, "diversify business and funding sources, increase depth of staffing and enhance administrative and operative efficiencies," the agency acquired a Mass Health adult foster care contract for 235 individuals in 2013. Additionally, the agency obtained certification to provide Acquired Brain Injury (ABI) services. In regards to human resources, the agency hired additional administrative staff for day-to-day operations including a new Director of Finance, and a full-time nurse in addition to its existing two part-time nurses. Operationally, the agency has enhanced its computer technology to support projects and improve upon the tracking of information. For example, the agency has created a computer tracking system for time-line submission of ISPs and medical appointments and follow -up. Furthermore, the agency is using a new pharmacy for medication deliveries to the programs and additional MAP consultation services. The agency has also begun the process of looking at its quality improvement systems to better identify patterns/trends and obtain information for the purpose of improved service delivery. The agency is utilizing external consultants to assist in ISP development, examine the agency's existing quality assurance systems, assist in the development of a measurable quality assurance tool, train the agency's internal quality assurance team and be available for quarterly consultation. Organizationally, staff satisfaction surveys were conducted; and, results indicated a less than "good" rating in a number of areas including wages, benefits and paid time off. As a result, the agency enhanced its benefits to employees and is now more competitive with other agencies. Additionally, the agency now provides a 401K retirement plan, 100% coverage for life insurance, an additional week of vacation time for staff who have been on board three or more years and a 70% contribution to staff's health insurance plans.

Survey findings indicated the agency had many services in place including effective systems to safeguard individuals. People for the most part, were current on annual dental and physical examinations and received the necessary medical follow-up for medical care. Medications were also administered as prescribed. In addition to being current for mandated trainings, staff were knowledgeable in regards to people's health and received the necessary training to support the people they serve. Staff demonstrated understanding of unique needs in such areas as seizures, healthy meal planning, diabetes, supports and health related protections and medical protocols. The agency had an effective human rights committee which reviewed the necessary areas under the committee's purview on a quarterly basis. When individuals were interviewed, they articulated knowledge about human rights and reporting procedures for suspected abuse or neglect. All homes were safe and in good repair and people were demonstrating safe evacuation from their homes in accordance with approved evacuation safety plan guidelines.

In regards to the certification indicators, the agency supported individuals in many aspects of their lives. People were regularly utilizing community resources, having meaningful experiences, being supported to have relationships, and exercising their right to make choices. All individuals interviewed liked their homes and the staff that supported them. The agency's internal satisfaction survey results for individuals were found during this survey to be consistent with surveyor interview findings. However,

although agency staff conveyed satisfaction surveys were sent to other stakeholders, (e.g. family members, guardians and area office staff), none had been returned. The agency needs to explore ways to enhance responses to satisfaction surveys from stakeholders.

There were areas found that were in need of improvement and warranting further agency attention. These areas included behavior and medication and treatment plans as well as funds management in placement services and individual home supports. It should be noted that no one reviewed in the 24 hour residential service had a need for a behavior plan or was taking behavior-modifying medication. However, the one behavior plan in placement services was not leveled and focused on negative behaviors and consequences and lacked guardian consent. Some money management plans identified were missing the training component and a few financial transaction records had expenditures that required agency reimbursement for staff expenses and/or missing receipts. For all medication and treatment plans reviewed for behavior-modifying and pre-sedation medications, the documents had all required components except for the required element of baseline and current data regarding the behaviors for which the medication is prescribed. Also, for situations where the agency received proper notification for ISP meetings, the agency did not submit all of the assessments and provider support strategies fifteen days prior to the scheduled ISP meeting per DDS regulations. Additionally, across all residential services, information regarding progress and data collected was not necessarily reflective of established goals/objectives. It was conveyed that the Program Directors received training in the new ISP process and expectations, and in turn trained the direct care staff who are responsible for the implementation and documentation of progress towards meeting ISP goals/objectives. However, despite the agency's established system for tracking these submissions, this area remains an issue that will require further attention, close monitoring and additional oversight to ensure expectations through the ISP are successfully implemented. Furthermore, during the survey an individual's location and service type was not accurate as per contracts and regulations. The agency and area office staff worked closely to resolve this issue so that both individual needs and regulatory requirements are now addressed.

In summary, within the Licensure portion of the survey, the agency achieved all of its critical indicators receiving an overall score of 88 percent resulting in a Two-Year License. A follow-up survey for all Licensing indicators receiving less than a "Met" will be conducted within 60 days of the Service Enhancement Meeting. It is apparent that agency management recognizes there is still more work to do in their efforts to improve upon agency systems and service delivery. As a result of the many positive actions taken to improve upon its service delivery, we are confident that with continued pro-active steps this will be accomplished.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	6/6	0/6	
Residential and Individual Home Supports	59/68	9/68	
Residential Services Placement Services Individual Home Supports			
Critical Indicators	8/8	0/8	
Total	65/74	9/74	88%
2 Year License			
# indicators for 60 Day Follow-up		9	

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L58	All behavior plans contain the required components.	The agency needs to ensure that any behavior plan developed has a level determination. Target behaviors need more clarification and detail.
L59	Behavior plans have received all the required reviews.	The agency needs to indicate the level of all behavior plans it intends to implement and it should refer any questionable levels regarding these plans to the DDS peer review committee for appropriate leveling especially when wording is focused on consequences for negative behavior. Additionally, the agency needs to ensure when a guardian is in place that they obtain consent from the guardian.
L63	Medication treatment plans are in written format with required components.	The agency needs to ensure that medication and treatment plans contain all of the required components including the obtaining and recording of baseline data on the treating symptoms/behaviors for which the medication is prescribed.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	The agency needs to ensure that all written plans contain a training component that can be worked on with the individual and from which progress can be documented/evaluated.

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L68	Expenditures of individual's funds are made only for purposes that directly benefit the individual.	Missing receipts and the borrowing of client funds for agency expenses occurred. The agency needs to ensure that all expenditures directly benefit the individuals and that staff are clear regarding individual expenses vs. agency expenses.
L69	Individual expenditures are documented and tracked.	In a couple of homes, financial transactions were not being logged-out but only logged-in after the expenditure occurred. The agency needs to ensure funds are logged out prior to purchases in the community and change is logged in after the purchase is completed.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	The agency was unclear regarding requirements for submitting all assessments on time. The agency needs to ensure all assessments including ISP objective summaries are submitted at least 15 days prior to the scheduled ISP meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	The agency was unclear regarding requirements for submitting support strategies on time. The agency needs to ensure support strategies are submitted at least 15 days prior to the scheduled ISP meeting.
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	Progress relating to the actual objectives was not consistently reflective of the support strategies or recorded data for obtained tied to those objectives. The agency needs to ensure that data collected on goals is relevant to the ISP objective and provider support strategies and that all written information is clear.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated
Certification - Planning and Quality Management	5/6	1/6
Residential and Individual Home Supports		
Residential Services	14/14	0/14
Individual Home Supports	14/15	1/15
Placement Services	14/14	0/14

Planning and Quality Management Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C3	The provider actively solicits and utilizes input from the individuals and families regarding satisfaction with services.	The agency conveyed they sent satisfaction surveys to all of their stakeholders and that the only surveys returned were from individuals and agency staff. There were no responses from other stakeholders such as guardians and/or involved family members. The agency needs to explore and implement ways to obtain information from outside constituents when mailings are proven to be unsuccessful.

Individual Home Supports- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback on the performance of staff that supports them.	Within Individual Home Supports, the information being solicited from the individuals was not relative to specific staff who provide services to them. Rather, this was done in a manner relative to all staff in general. Therefore, this feedback would not be particularly useful for staff performance evaluations. Feedback needs to include input on each staff who supports the individual.

MASTER SCORE SHEET LICENSURE

Organizational: Victory Human Services

Indicator #	Indicator	Met/Rated	Rating (Met, Not Met, Not Rated)
☐ L2	Abuse/neglect reporting	1/1	Met
L48	HRC	1/1	Met
L74	Screen employees	3/3	Met
L75	Qualified staff	5/5	Met
L76	Track trainings	5/5	Met
L83	HR training	1/1	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	3/3	3/3	2/2				8/8	Met
L5	Safety Plan	L	1/1	2/2	2/2				5/5	Met
☐ L6	Evacuation	L	1/1	2/2	1/1				4/4	Met
L7	Fire Drills	L	1/1						1/1	Met
L8	Emergency Fact Sheets	I	3/3	3/3	2/2				8/8	Met
L9	Safe use of equipment	L	1/1	2/2	2/2				5/5	Met
☐ L11	Required inspections	L	1/1	1/1	2/2				4/4	Met
☐ L12	Smoke detectors	L	1/1	2/2	1/2				4/5	Met (80.0 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
☞ L13	Clean location	L	1/1	1/1	2/2				4/4	Met
L14	Site in good repair	L	1/1	1/1	2/2				4/4	Met
L15	Hot water	L	1/1	1/1	1/2				3/4	Met
L16	Accessibility	L		1/1	2/2				3/3	Met
L17	Egress at grade	L	1/1	1/1	2/2				4/4	Met
L18	Above grade egress	L	1/1	1/1	2/2				4/4	Met
L20	Exit doors	L	1/1	1/1					2/2	Met
L21	Safe electrical equipment	L	1/1	1/1	2/2				4/4	Met
L22	Clean appliances	L	1/1	0/1	2/2				3/4	Met
L25	Dangerous substances	L	1/1	1/1	2/2				4/4	Met
L26	Walkway safety	L	1/1	1/1	2/2				4/4	Met
L28	Flammables	L	1/1	1/1	2/2				4/4	Met
L29	Rubbish/combustibles	L	1/1	1/1	2/2				4/4	Met
L30	Protective railings	L	1/1	1/1	2/2				4/4	Met
L31	Communication method	I	3/3	3/3	2/2				8/8	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L32	Verbal & written	I	3/3	3/3	2/2				8/8	Met
L33	Physical exam	I	3/3	3/3	2/2				8/8	Met
L34	Dental exam	I	3/3	3/3	2/2				8/8	Met
L35	Preventive screenings	I	3/3	3/3	2/2				8/8	Met
L36	Recommended tests	I	3/3	2/3	2/2				7/8	Met (87.50 %)
L37	Prompt treatment	I	1/1	3/3	2/2				6/6	Met
Ⓟ L38	Physician's orders	I	1/1						1/1	Met
L39	Dietary requirements	I	1/1						1/1	Met
L40	Nutritional food	L	1/1	2/2	2/2				5/5	Met
L41	Healthy diet	L	1/1	2/2	2/2				5/5	Met
L42	Physical activity	L	1/1	2/2	2/2				5/5	Met
L43	Health Care Record	I	3/3	2/3	2/2				7/8	Met (87.50 %)
L44	MAP registration	L	1/1						1/1	Met
L45	Medication storage	L	1/1						1/1	Met
Ⓟ L46	Med. Administration	I	3/3		2/2				5/5	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L47	Self medication	I	3/3	3/3	2/2				8/8	Met
L49	Informed of human rights	I	3/3	3/3	2/2				8/8	Met
L50	Respectful Comm.	L	1/1	2/2	2/2				5/5	Met
L51	Possessions	I	3/3	3/3	2/2				8/8	Met
L52	Phone calls	I	3/3	3/3	2/2				8/8	Met
L53	Visitation	I	3/3	3/3	2/2				8/8	Met
L54	Privacy	L	1/1	2/2	2/2				5/5	Met
L55	Informed consent	I		1/1					1/1	Met
L57	Written behavior plans	I			1/1				1/1	Met
L58	Behavior plan component	I			0/1				0/1	Not Met (0 %)
L59	Behavior plan review	I			0/1				0/1	Not Met (0 %)
L60	Data maintenance	I			1/1				1/1	Met
L61	Health protection in ISP	I	1/1	1/1					2/2	Met
L62	Health protection review	I	1/1	1/1					2/2	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L63	Med. treatme nt plan form	I		0/3	0/2				0/5	Not Met (0 %)
L64	Med. treatme nt plan rev.	I		2/3	2/2				4/5	Met (80.0 %)
L67	Money mgmt. plan	I	3/3	1/3	0/2				4/8	Not Met (50.0 %)
L68	Funds expendi ture	I	3/3	1/3	2/2				6/8	Not Met (75.00 %)
L69	Expendi ture tracking	I	3/3	2/3	1/2				6/8	Not Met (75.00 %)
L70	Charge s for care calc.	I	3/3	1/1	2/2				6/6	Met
L71	Charge s for care appeal	I	3/3	1/1	2/2				6/6	Met
L77	Unique needs training	I	1/1	3/3	2/2				6/6	Met
L80	Sympto ms of illness	L	1/1	2/2	2/2				5/5	Met
L81	Medical emerg ncy	L	1/1	2/2	2/2				5/5	Met
Ⓟ L82	Medicati on admin.	L	1/1						1/1	Met
L84	Health protect. Training	I	1/1	1/1					2/2	Met
L85	Supervi sion	L	1/1	2/2	2/2				5/5	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L86	Required assessments	I	0/1	3/3	1/2				4/6	Not Met (66.67 %)
L87	Support strategies	I	0/1	1/2	1/2				2/5	Not Met (40.0 %)
L88	Strategies implemented	I	0/3	2/3	1/2				3/8	Not Met (37.50 %)
#Std. Met/# 68 Indicator									59/68	
Total Score									65/74	
									87.84%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	1/1	Met
C3	Service satisfaction	0/1	Not Met (0 %)
C4	Utilizes input from stakeholders	1/1	Met
C5	Measure progress	1/1	Met
C6	Future directions planning	1/1	Met

Individual Home Supports Reviewed By -DDS

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff performance	1/3	Not Met (33.33 %)
C8	Family/guardian communication	2/2	Met

Individual Home Supports Reviewed By -DDS

Indicator #	Indicator	Met/Rated	Rating
C9	Personal relationships	3/3	Met
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	3/3	Met
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C20	Emergency back-up plans	2/2	Met
C21	Coordinate outreach	3/3	Met

Placement Services Reviewed By -DDS

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff performance	2/2	Met
C8	Family/guardian communication	2/2	Met
C9	Personal relationships	2/2	Met
C10	Social skill development	2/2	Met
C11	Get together w/family & friends	2/2	Met
C12	Intimacy	2/2	Met
C13	Skills to maximize independence	2/2	Met
C14	Choices in routines & schedules	2/2	Met
C15	Personalize living space	2/2	Met
C16	Explore interests	2/2	Met
C17	Community activities	2/2	Met
C18	Purchase personal belongings	2/2	Met
C19	Knowledgeable decisions	2/2	Met
C20	Emergency back-up plans	2/2	Met

Residential Services Reviewed By -DDS

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff performance	3/3	Met

Residential Services Reviewed By -DDS

Indicator #	Indicator	Met/Rated	Rating
C8	Family/guardian communication	2/2	Met
C9	Personal relationships	3/3	Met
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	3/3	Met
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	2/2	Met
C20	Emergency back-up plans	1/1	Met